

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for dates of service (DOS) 02/05/01 through 03/09/01.
- b. The request was received on 02/04/02

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. Response to a Request for Dispute Resolution
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 06/19/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 06/21/02. The response from the insurance carrier was received in the Division on 07/01/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: The medical documentation supports the services billed.
2. Respondent: The services billed are not adequately documented.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d)(1&2), the only dates of service eligible for review are those commencing on 02/05/01 and extending through 03/09/01.

2. The provider has submitted an amended TWCC-60b thereby withdrawing from the dispute the dates of service 03/14/01 through 04/18/01.
3. The carrier's EOBs have the denials: "N – PAYMENT IS REDUCED/DENIED BECAUSE PROVIDER NOT SUBMITTING ADEQUATE DOC. FOR THIS LEVEL OFFICE VISIT" and "G – THIS PAYMENT IS BEING DENIED BECAUSE THE CHARGE WAS INCLUDED IN ANOTHER BILLED PROCEDURE".
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR	REFERENCE	RATIONALE:
02/05/01 02/07/01 02/19/01 02/21/01 03/07/01	99213- MP	\$60.00 \$60.00 \$60.00 \$60.00 \$60.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	N N N N N	\$48.00 \$48.00 \$48.00 \$48.00 \$48.00	MFG, MGR (I)(B)(I)(b)	The medical documentation supports that the provider performed an office visit with manipulation. The provider has billed correctly per the referenced rule. Therefore, reimbursement of \$240.00 (\$48.00 for each DOS) is recommended.
03/09/01	99082	\$225.00	\$0.00	G	DOP	Texas Workers' Compensation Act & Rules, Rule 126.6(c)	The documentation indicates the charge is for the treating doctor attending a Required Medical Examination. The referenced rule allows for the treating doctor to attend and the services rendered were billed correctly. Therefore, reimbursement of \$225.00 is recommended.
<b>Totals</b>							The Requestor is entitled to reimbursement in the amount of \$465.00.

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$465.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 10<sup>th</sup> day of September 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division